

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD

SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST APPLICATION PACKET

This application packet should contain the following information:

- 1.) Five (5) pages of instructions and information
- 2.) Application Checklist
- 2.) A three (3) page application form
- 3.) A Verification of Speech-Language Pathologist or Audiologist Licensure Form

If your application packet does not contain these items, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at pla5@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT www.in.pla.in.gov/bandc/slpab/statruls.html.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all materials and information included with this packet. If you have any questions, please contact the Indiana Professional Licensing Agency at (317) 234-2064 or by email at pla5@pla.in.gov. For additional information, please visit our website at www.pla.in.gov/bandc/slpab.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SLPA Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Speech-Language Pathology and Audiology Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

SPEECH-LANGUAGE PATHOLOGIST OR AUDIOLOGIST APPLICATION

JURISPRUDENCE EXAMINATION

All Applicants for licensure as a speech-language pathologist or audiologist must pass a written jurisprudence examination. When your application has been approved, you will receive the jurisprudence examination and instructions. The jurisprudence examination will cover the Speech-Language Pathology and Audiology Statute (IC § 25-35), Administrative Rules (Title 880) and the Health Professions Standards of Practice (IC § 25-1-9), which are contained in this packet. The passing score on the jurisprudence examination is seventy-five percent (75%). **NO APPLICANT IS EXEMPT FROM TAKING THE LAW EXAMINATION.**

APPLICANTS SEEKING LICENSURE AS BOTH A SPEECH-LANGUAGE PATHOLOGIST AND AS AN AUDIOLOGIST

Applicants who wish to seek licensure, as both a Speech-Language Pathologist and an Audiologist must file separate applications for both areas and submit appropriate documentation. Please contact the Indiana Professional Licensing Agency and request an additional application packet if you are planning to apply for licensure in both professions.

COMPLETION OF THE APPLICATION PROCESS

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

APPLICATION

Mail completed application along with the items listed below to the Indiana Professional Licensing Agency.

AFFIDAVIT

If you answer "yes" to any question on page 2 of your application, you must explain fully in a signed and notarized statement, meaning an explanation or statement of facts and or events, including all related details. Describe the event including the violation, location, date and disposition. If you have had a malpractice judgment, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a one hundred-fifty dollar (\$150) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken within eight (8) weeks of the submission of the application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will not be accepted.

NOTE REGARDING NOTARIZED COPIES

Any notarized copy of an original document must have the notary public make a statement to the fact that the notary has seen the original document.

OFFICIAL TRANSCRIPT

Applicants must submit an official transcript of grades from the speech-language pathology or audiology school, verifying that the applicant possesses a Master's degree or its equivalent from an accredited academic institution in the area for which the applicant is applying for licensure. Transcripts must be original, official transcripts. Copies will not be accepted.

DIRECT SUPERVISED CLINICAL EXPERIENCE

Applicants must submit certification from their educational institution that the applicant has completed three hundred (300) hours of direct supervised clinical experience.

CLINICAL FELLOWSHIP

Applicants must submit certification of completion of a clinical fellowship, which meets requirements of IC 25-35.6-1-5(5) and 880 IAC 1-1-3. Submit to the Board evidence of completion of at least nine (9) consecutive months, at no less than thirty (30) hours per week, of clinical experience in the professional area (speech-language pathology or audiology) for which a license is sought.

OFFICIAL ETS-PRAXIS SERIES SCORES

Applicants must submit an official score report from ETS-Praxis Series, verifying a passing score on the examination. Request that your official scores be sent directly to the Indiana Professional Licensing Agency from ETS. You can contact ETS for information regarding how to obtain your scores and the fee information at:

**ETS – Praxis Series
P.O. Box 6052
Princeton, NJ 08541-6052
800-772-9476**

CERTIFICATE OF CLINICAL COMPETENCE FROM ASHA

Applicants may submit a current Certificate of Clinical Competence (CCC) from the American Speech-Language Hearing Association as a substitute for the following requirements:

- 1.) Official Transcript
- 2.) Direct Supervised Clinical Experience
- 3.) Clinical Fellowship
- 4.) Official ETS-Praxis Series Scores

You may submit a notarized photocopy of either the certificate itself or an original letter from ASHA indicating completion of all requirements. The certificate must have a current expiration date. ****Please Note: If you choose to submit official documentation of your CCC's you are not required to submit your Official Transcript, Direct Supervised Clinical Experience, Clinical Fellowship, and Official ETS-Praxis Series Scores, however YOU MUST COMPLETE ALL AREAS OF THE APPLICATION.**

VERIFICATION OF STATE LICENSURE.

Applicants must complete the top portion of the Verification of Speech-Language Pathologist or Audiologist Licensure Form and submit the form to every state where you currently hold or have previously held a license. The remainder of this form must be completed by the appropriate state authority and returned directly from the state board office. **A copy of an applicant's license is not sufficient.** Other states may charge a fee for this service. Please contact that state for fee information. This form may be duplicated if necessary.

NAME CHANGE.

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

NOTE: Please note that even though you may meet the requirements for licensure, without your CCC's your application will have to go before the Board. This process could take up to three months due to the Board meeting quarterly.

APPLICATION CHECKLIST

This is a simplified list of the required documentation, necessary for Board review of your application for licensure as a speech-language pathologist or audiologist in the State of Indiana. The preceding instructions explain how the documentation must be submitted or obtained.

_____ **COMPLETED APPLICATION**

_____ **NOTARIZED AFFIDAVIT**

Required if you responded, "yes" to any question on page 3 of the application.

_____ **ONE (1) PHOTOGRAPH**

_____ **\$150.00 APPLICATION FEE**

_____ **OFFICIAL TRANSCRIPT**

Showing the applicant possesses a master's degree or its equivalent from an accredited institution in the area for which the applicant is applying for licensure.

_____ **DIRECT SUPERVISED CLINICAL EXPERIENCE**

Certification from the educational institution that the applicant has completed three hundred (300) hours of direct supervised clinical experience.

_____ **CLINICAL FELLOWSHIP COMPLETION**

Submit to the Board evidence of completion of at least nine (9) consecutive months, at no less than thirty (30) hours per week, of clinical experience in the professional area (speech-language pathology or audiology) for which a license is sought.

_____ **OFFICIAL ETS-PRAXIS SERIES SCORES**

Official ETS-PRAXIS Series scores submitted by the appropriate agency

_____ **NOTARIZED CERTIFICATE OF CLINICAL COMPETENCE (CCC) OR ORIGINAL LETTER FROM ASHA**

A notarized Certificate of Clinical Competence from the American Speech-Language Hearing Association or an original letter from ASHA may be substituted for the following requirements: (1) official transcript, (2) direct supervised clinical experience, (3) clinical fellowship and (4) official scores. The certificate must have a current expiration date.

_____ **VERIFICATION OF STATE LICENSURE FORM(S)**

Completed by every state where you currently hold or have previously held a license.

_____ **PROOF OF NAME CHANGE**

Any legal name change or a notarized copy of a marriage certificate, if your name differs from that on any of your documents.